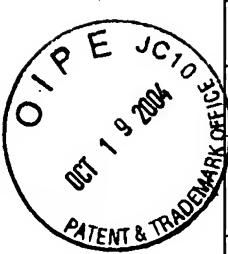
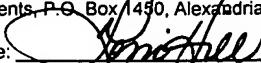


10-20-04

IPW



| AMENDMENT TRANSMITTAL LETTER   |   |   |                                   | Docket No.<br>05516/147002   |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
|--|---|---|-----------------------------------|------------------------------|------|--|---|---|-----------------------------------|------|--|--------------|----|--------|---|---|------|-----------------------|---|-------|---|---|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|------|
| Application No.<br>10/696,535-Conf. #7821  |   | Filing Date<br>October 29, 2003         |                                   | Examiner<br>Not Yet Assigned |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Applicant(s): Michael George Azar et al.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Invention: NOVEL BITS AND CUTTING STRUCTURES   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Transmitted herewith is an amendment in the above-identified application.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| The fee has been calculated and is transmitted as shown below.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;"></th> <th style="text-align: center; padding: 2px;">Claims<br/>Remaining<br/>After<br/>Amendment</th> <th style="text-align: center; padding: 2px;">Highest<br/>Number<br/>Previously<br/>Paid</th> <th style="text-align: center; padding: 2px;">Number<br/>Extra Claims<br/>Present</th> <th style="text-align: center; padding: 2px;">Rate</th> <th style="text-align: center; padding: 2px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Claims</td> <td style="text-align: center; padding: 2px;">46</td> <td style="text-align: center; padding: 2px;">- 47 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">x</td> <td style="text-align: center; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">Independent<br/>Claims</td> <td style="text-align: center; padding: 2px;">7</td> <td style="text-align: center; padding: 2px;">- 7 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">x</td> <td style="text-align: center; padding: 2px;">0.00</td> </tr> <tr> <td colspan="5" style="padding: 2px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td colspan="5" style="padding: 2px;">Other fee (please specify):</td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td colspan="5" style="padding: 2px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center; padding: 2px;">0.00</td> </tr> </tbody> </table> |   |   |                                   |                              |      |  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |  | Total Claims | 46 | - 47 = | 0 | x | 0.00 | Independent<br>Claims | 7 | - 7 = | 0 | x | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  | 0.00 |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                         |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Total Claims   | 46  | - 47 =                                  | 0                                 | x                            | 0.00 |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Independent<br>Claims  | 7   | - 7 =                                   | 0                                 | x                            | 0.00 |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Other fee (please specify):  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                              | 0.00 |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u><br>as described below. A duplicate copy of this sheet is enclosed.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <u>339-Corjan L-J 48,885</u>   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Dated: <u>October 19, 2004</u>   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| for Jonathan P. Osha<br>Attorney Reg. No.: 33,986  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| OSHA & MAY L.L.P.<br>1221 McKinney St., Suite 2800<br>Houston, Texas 77010<br>(713) 228-8600   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV523184204US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Dated: October 19, 2004      Signature:  (Toni A. Hill)</p>   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |    |        |   |   |      |                       |   |       |   |   |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |



U.S. Patent Application Serial No. 10/696,535  
Attorney Docket No. 05516/147002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Michael G. AZAR et al.  
Serial No.: 10/696,535  
Filed : October 29, 2003  
Title : NOVEL BITS AND CUTTING STRUCTURES

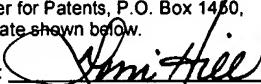
Art Unit : 3672  
Examiner : Giovanna Collins  
Confirmation No.: 7821

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT**

Prior to examination on the merits, please amend the application as follows and consider  
the included remarks.

I hereby certify that this correspondence is being deposited with the U.S.  
Postal Service as Express Mail, Airbill No. EV523184204US, in an  
envelope addressed to: Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450, on the date shown below.

Dated: October 19, 2004      Signature:   
Noni A. Hill